

Tab 1 to Appendix of Exhibits to Motion of Defendant Brush Wellman, Inc. for Summary Judgment:

ASHLEY DEPOSITION EXCERPTS AND CERTAIN EXHIBITS

David W. Ashley, M.D.

Page 1

1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF MASSACHUSETTS
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6 SUZANNE GENEREUX and BARRY GENEREUX, *
Individually and as Parents and *
7 Natural Guardians of their Minor *
Children, ANGELA GENEREUX and *
8 Children, ANGELA GENEREUX and * Civil Action No.
KRISTA GENEREUX, * 04-CV-12137 JLT

9 Plaintiffs, *

VS. *

10 AMERICAN BERYLLIA CORP., BRUSH *
WELLMAN, INC., BRUSH WELLMAN *
11 CERAMICS, INC., BRUSH WELLMAN *
CERAMIC PRODUCTS, INC., HARDRIC *
12 LABORATORIES, INC., KYOCERA AMERICA, *
KYOCERA INDUSTRIAL CERAMICS, CORP., *
13 and RAYTHEON COMPANY, *
Defendants. *

14 * * * * *

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16
17 VIDEOTAPED DEPOSITION OF DAVID W. ASHLEY, M.D., a
18 WITNESS in the above-entitled cause, taken on behalf
of the Defendants, before Julia A. Puleo, RPR, a
19 Notary Public in and for the State of Rhode Island, at
the offices of Family Medicine, 1351 South County
20 Trail, Suite 301, East Greenwich, Rhode Island, on
April 5, 2006, from 9:00 A.M. to 11:10 A.M.

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1 A. No.
 2 Q. Her Parkinson's wasn't caused by exposure to
 3 Beryllium?
 4 A. I doubt that, but I'm not an expert in
 5 Beryllium, by any means, but I would think not,
 6 but I would defer to any other -- to a
 7 neurological expert who has an understanding of
 8 Beryllium.
 9 Q. Her asthma wasn't caused by exposure to Beryllium,
 10 was it?
 11 A. Asthma itself -- see, that's a -- how do you
 12 answer that one? Asthma, a lot of people think of
 13 asthma as a wastebasket sort of diagnosis for
 14 problems with breathing. So symptoms that might
 15 be called asthma could have been caused by
 16 Beryllium. Asthma, childhood asthma, she has a
 17 tendency toward that, toward reactive airways,
 18 that would not be from Beryllium.
 19 Q. Her hypothyroidism wasn't caused by exposure by
 20 Beryllium, was it?
 21 A. Doubtful. No. Unless you know something I
 22 don't.
 23 Q. Her high blood pressure wasn't caused by exposure
 24 to Beryllium?
 25 A. Probably not. It can -- it depends on

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1 what -- I mean, that could be remotely possible,
 2 but probably not.
 3 Q. Her high cholesterol --
 4 A. No.
 5 Q. ...wasn't caused by exposure to Beryllium?
 6 A. Correct.
 7 Q. Her sleep apnea wasn't caused by exposure to
 8 Beryllium?
 9 A. Possible contributing factor, but there are
 10 other factors that are much -- her obesity is much
 11 more likely to be a cause of that.
 12 Q. Certainly, her exposure to Beryllium didn't cause
 13 her obesity?
 14 A. That would have to be a very indirect -- so
 15 I'd say no to that.
 16 Q. Did there come a time when you and Mrs. Genereux
 17 had a conversation about Beryllium exposure?
 18 A. Yes.
 19 Q. When did you first have a conversation about that?
 20 THE WITNESS: Let me find that one.
 21 (WITNESS REFERS TO FILE)
 22 A. I see a note from June 2001 that mentions the
 23 word "Beryllium" Whether it's spelled correctly,
 24 I don't know, but...
 25 MR. UBERSAX: Let me mark what I think is

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1 a copy of that as Exhibit 3.
 2 (DEFENDANTS' EXHIBIT 3 MARKED FOR I.D.)
 3 Q. Doctor, would you please take a look at Exhibit 3.
 4 A. Yes.
 5 Q. Do you recognize that?
 6 A. Yup. That's my writing.
 7 Q. Is that -- that is a copy of your office notes
 8 from a visit that Mrs. Genereux made to your
 9 office on June 8, 2001?
 10 A. Correct.
 11 Q. And during that office visit, you and she talked
 12 about Beryllium exposure?
 13 A. Mostly she talked about it, and --
 14 Q. How did the subject come up?
 15 A. Well, that was probably the reason for her
 16 visit. It's, I mean, my note says here potential
 17 exposure to acetone, Beryllium and asbestos.
 18 Brings in reading for, I'm sure that was for me,
 19 and I do have a reading in the back of something
 20 she must have given me about what Beryllium is and
 21 Beryllium disease.
 22 Q. Can you find that for us, please?
 23 A. Sure. Let's see. "Facts about Beryllium
 24 Disease." Let see me see if there's any way to
 25 tell you when she gave it to me. It's in the

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1 chart between a note that was dated April of '01
 2 and another note that was dated July of '01, so
 3 probably it was given to me somewhere between
 4 those two dates.
 5 Q. Well, based on your note from June 8, which says,
 6 brings reading for?
 7 A. So my guess is that, I would say that this is
 8 the reading that she brought me.
 9 Q. We really don't want you to guess.
 10 A. Okay.
 11 Q. Is it your best recollection --
 12 A. My best recollection.
 13 Q. ...that when she came to your office on June 8,
 14 '01 she gave you some written materials about
 15 Beryllium disease?
 16 A. Correct.
 17 Q. And you have a copy of those in your file?
 18 A. Yes.
 19 MR. UBERSAX: Can we mark those, please,
 20 as Exhibit 4.
 21 (DEFENDANTS' EXHIBIT 4 MARKED FOR I.D.)
 22 Q. Can you describe Exhibit 4 for us, please?
 23 A. It looks like a handout probably geared
 24 toward non-physicians, or toward patients, and
 25 it's called "Facts about Beryllium Disease," and

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1 it looks like it's written by the National Jewish
 2 Medical and Research Center in Denver, Colorado.
 3 Q. She gave that to you on June 8, 2001, correct?
 4 A. Correct.
 5 Q. Did you and she talk about the written materials
 6 that she gave you on that date?
 7 A. Probably -- we probably talked more about --
 8 let me just look at the rest of my note here. I
 9 don't think -- we probably didn't go into
 10 specifics about the material. She probably just
 11 ascribed her concerns about potential exposures to
 12 these three things in the past, acetone, Beryllium
 13 and asbestos, and I don't know why she'd give me
 14 something just on Beryllium. Probably because
 15 it's not well-known to most of us.
 16 Q. Can you read the first couple of lines in your
 17 notes from that date from June 8?
 18 A. Okay. Running out of insurance in two weeks.
 19 On multiple medications. Just some vital signs.
 20 It looks like I rechecked and tried to circle mine
 21 as her blood pressure being a little higher than
 22 what the staff got, 146 over 80. Potential
 23 exposure, then a dash, and it says acetone,
 24 Beryllium, and asbestos, and then underneath that
 25 it says, brings in reading for, and it's the end

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1 of that.
 2 Q. Now, so she told you right at the beginning that
 3 she was running out of insurance?
 4 A. Correct.
 5 Q. And was that -- did that fact, that she was
 6 running out of insurance, have something to do
 7 with this conversation about potential exposures;
 8 in other words, was she looking for some other way
 9 to pay for her medical bills?
 10 MR. MATANOVIC: Objection to form.
 11 A. My understanding, my writing that down would
 12 be that she's on multiple medications and needed
 13 to refill them before her insurance ran out, and
 14 it doesn't make -- it doesn't make sense to me
 15 that she would be coming in with this because
 16 she's running out of insurance, knowing that
 17 something like this would be a decade-long
 18 endeavor.
 19 Q. When you say "something like this," you mean
 20 litigation?
 21 A. The litigation for an exposure.
 22 Q. Can you remember any discussion during this June
 23 8, 2001, visit about chronic Beryllium disease?
 24 A. Only that that was a potential exposure she
 25 said, and she gave me that handout. The word

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1 "Beryllium" I'd heard in my lifetime but knew
 2 nothing about Beryllium disease.
 3 Q. You had never had a patient with chronic Beryllium
 4 disease before then?
 5 A. No.
 6 Q. Have you ever had another patient with chronic
 7 Beryllium disease?
 8 A. Not that I know of.
 9 Q. Did she say where she got the written materials
 10 that she gave you during that visit?
 11 A. No, but it says on the top where it came
 12 from, so...
 13 Q. Did she mention a telephone call that she had with
 14 Senator Jack Reed's office?
 15 A. I don't remember that.
 16 Q. Did she mention a telephone call she had had with
 17 the Department of Labor?
 18 A. I don't recall.
 19 Q. During that June 8 visit, did you talk with her
 20 about having any tests done relating to Beryllium
 21 exposure?
 22 A. I knew nothing of what Beryllium exposure
 23 was, what the manifestations are, how you'd test
 24 for it, so my guidance was from her and any
 25 pulmonologist that I referred her to.

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1 Q. During that visit, did she say that she wanted a
 2 test done?
 3 A. Probably -- I don't know if that was at that
 4 visit, but at some visit she did.
 5 Q. What did she say about that?
 6 MR. MATANOVIC: At what point?
 7 MR. UBERSAX: Whenever she said that she
 8 wanted a test.
 9 A. That there is a test that exists that helps
 10 figure out if somebody has been exposed to
 11 Beryllium. I think it was a blood test, I
 12 believe, and that it can be done at this certain
 13 place, which is, I think, the place listed at the
 14 top of the information sheet.
 15 Q. So she knew more about the test than you did?
 16 A. Oh, of course.
 17 Q. She told you about this test?
 18 A. She told me about the test.
 19 Q. Was that during the June 8, 2001, visit?
 20 A. I don't know.
 21 Q. When was the next time that you and she had a
 22 conversation about Beryllium?
 23 A. Well, I saw her on June 19.
 24 Q. Was it during that June 19, 2001, visit that she
 25 told you about the blood test and asked to have

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1 it?
 2 A. Yes. It looks like that from my note.
 3 Q. What does your note say about that?
 4 A. In my assessment and plan, it says, Beryllium
 5 exposure-in past while employed by Raytheon. Will
 6 send special required test.
 7 MR. UBERSAX: Would you mark this as the
 8 next exhibit, please?
 9 (DEFENDANTS' EXHIBIT 5 MARKED FOR I.D.)
 10 MR. MATANOVIC: Is that my copy?
 11 MR. UBERSAX: Yes.
 12 Q. Doctor, will you take a look at Exhibit 5, please?
 13 A. Yeah. That's the same.
 14 Q. Is that a copy of your office notes from June 19,
 15 2001?
 16 A. Yes.
 17 Q. That's your handwriting?
 18 A. Yes.
 19 Q. Down at the bottom of the page you wrote about
 20 Beryllium exposure?
 21 A. Correct.
 22 Q. And what did you mean by "required test"?
 23 A. It could be required, it could be requested.
 24 Usually that would indicate required, and I'm not
 25 sure what that means.

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1 Q. This might mean requested by her?
 2 A. Yes.
 3 Q. And you also wrote, will send test; what did you
 4 mean by that?
 5 A. If I recall, this was one of these
 6 complicated things where the patient probably had
 7 the vials and the requirements on how the blood
 8 had to be drawn with her, and the lab that is in
 9 this office would do that for her, and then we
 10 mailed it from here, so she had everything
 11 necessary to package the test and then send it to
 12 wherever it had to -- got interpreted, developed.
 13 Q. She brought that with her to your office on June
 14 19?
 15 A. I don't know, but that's what I'm recalling
 16 from -- between memory and note here.
 17 Q. Do you remember any discussion about the test with
 18 her during this June 19 visit?
 19 A. Nothing specific, no.
 20 Q. Did she indicate that she knew what the purpose of
 21 the test was?
 22 A. I assume she knows what the purpose of the
 23 test is.
 24 Q. Did she say anything to you which made it clear
 25 that she did understand the purpose of the test?

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1 A. Well, that it was to indicate, you know,
 2 Beryllium exposure in the past. I mean, it's...
 3 Q. Did she indicate that she knew that the one
 4 purpose of the test is to determine whether she
 5 might have been harmed by exposure to Beryllium?
 6 A. I'm sure that was an understanding. I mean,
 7 it's...
 8 Q. What did she say about that?
 9 A. I don't recall.
 10 Q. Did she -- was her blood drawn for the test on
 11 June 19, 2001?
 12 A. I don't know. There is a blood test result
 13 someplace in here that probably has a date on the
 14 top of it, but I don't know. If it's written or
 15 the test result, that's the guidance I would use
 16 for when it was drawn.
 17 Q. Did you draw the blood yourself, or did somebody
 18 else in your office?
 19 A. Somebody else.
 20 Q. Did you refer her to a pulmonologist at some
 21 point?
 22 A. Yes.
 23 Q. When was that?
 24 A. I believe when she first came as a patient
 25 she already had one, and then -- let me see if I

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1 can remember the time frame. I think -- I don't
 2 remember the dates are on this, but she had a
 3 pulmonologist here, then she was pursuing the
 4 Beryllium issue and went out West for a consult
 5 and further testing, and whether I referred her
 6 specifically out -- you know, if it required a
 7 referral from me, then I referred her. If she did
 8 it on her own, then she did it on her own. I
 9 probably wrote a hand referral out at some point.
 10 When she got back and that testing was done, she
 11 ended up finding a new pulmonologist around here.
 12 Q. Was that Dr. Corrao?
 13 A. He was the first one. She didn't want to see
 14 him again, because apparently she reported that he
 15 wasn't answering phone calls from the doctors out
 16 West.
 17 Q. Did you ever talk to Dr. Corrao about her medical
 18 condition?
 19 A. Never.
 20 Q. Do you know Dr. Corrao?
 21 A. Yes.
 22 Q. Did she ever tell you that she -- one of the
 23 reasons she left his care was that Dr. Corrao was
 24 not convinced of the CBD diagnosis?
 25 MR. MATANOVIC: Object to the form.

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1 A. Only if I have that written down. I don't
2 remember.
3 Q. Can you take a look, please, at your notes from
4 December 17, 2002?
5 (WITNESS COMPLIES)
6 A. Okay.
7 Q. Can you read to us what you wrote under A/P?
8 A. Assessment and plan: Pulmonary stable.
9 Continue -- pulmonary stable. Continue same meds.
10 Follow-up Dr. Corrao. Patient concerned
11 Dr. Corrao not convinced of diagnosis.
12 Q. Was that the diagnosis of chronic Beryllium
13 disease?
14 A. That would -- yes.
15 Q. But you never followed up with Dr. Corrao
16 yourself?
17 A. No.
18 Q. Has any physician ever expressed any doubt to you
19 about her diagnosis of chronic Beryllium disease?
20 A. Not directly. Not indirectly, no.
21 Q. Have you ever talked to Dr. Newman?
22 A. No.
23 Q. Have you ever talked to any other pulmonologist
24 who is treating her for chronic Beryllium disease?
25 A. No. I just received consultant notes, but I

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1 haven't talked to anybody.
2 (MR. WYMAN LEAVES DEPOSITION)
3 Q. Do you know why it was that, that it was over a
4 year between Mrs. Genereux's visit to you in June
5 of 2001, where you talked about the Beryllium
6 test, and her actual visit to National Jewish in
7 August of 2002?
8 MR. MATANOVIC: Object to the form.
9 A. Probably -- it could have been because she
10 lost her insurance from one of those previous
11 notes we just read. It also -- it probably took
12 her a long time to coordinate that visit to get it
13 paid for. I'm not sure how she paid for her plane
14 flight. I'm not sure how the tests were paid for.
15 Q. You're guessing now; you just don't know?
16 A. I don't know.
17 THE WITNESS: I guess you're not looking
18 for me to guess?
19 MR. UBERSAX: No.
20 MR. MATANOVIC: Could we take a short
21 break?
22 MR. UBERSAX: Okay.
23 THE VIDEOGRAPHER: Going off the record
24 at 10:09 a.m.
25 (OFF THE RECORD FROM 10:09 A.M. UNTIL 10:23 A.M.)

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1 (MR. WYMAN RETURNS TO DEPOSITION)
2 Q. Dr. Ashley, do your records show when
3 Mrs. Genereux's blood was drawn for the first
4 Beryllium lymphocyte proliferation test?
5 A. They show a test that was -- a test was run
6 dated 6/23/01, and this was done, I believe, in
7 Colorado National Jewish.
8 Q. When was the blood drawn for that test?
9 A. Probably a couple of days prior to that.
10 Q. Is there any document in your files that shows
11 that blood was drawn for Mrs. Genereux?
12 A. We have a document from our own lab saying
13 that she had some blood drawn on June 20 of 2001
14 here. It doesn't document whether the other tests
15 were drawn that were sent outside the lab, but she
16 did have some blood drawn here on June 20.
17 Q. Based on that record, is it your understanding
18 that the blood that was sent to Denver for
19 Beryllium testing was drawn on June 20, 2001?
20 A. That's my understanding.
21 MR. UBERSAX: Can we mark that page,
22 please, as the next exhibit?
23 (DEFENDANTS' EXHIBIT 6 MARKED FOR I.D.)
24 Q. Doctor, if you would just tell us again, please,
25 what Exhibit 6 is?

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1 A. It's a set of labs that were drawn here on
2 June 20, 2001, including glucose, electrolytes,
3 cholesterol, routine labs following her other
4 conditions.
5 Q. Those are tests that were done on blood drawn from
6 Mrs. Genereux on June 20, 2001?
7 A. Correct.
8 Q. Have you yourself treated Mrs. Genereux for
9 chronic Beryllium disease?
10 A. No.
11 Q. Who has treated her for that?
12 A. The pulmonary doctors.
13 Q. Is that the local doctors, or Dr. Newman out in
14 Denver?
15 A. Local doctors.
16 Q. Is she currently receiving any treatment for
17 chronic Beryllium disease?
18 A. The treatment for asthma and chronic
19 Beryllium disease, to my understanding, would be
20 similar. Inhalers and oxygen.
21 Q. Have you been able to determine, from looking at
22 your records, whether you ever gave Mrs. Genereux
23 Prednisone?
24 A. I can't find anything saying that I gave her
25 a round of oral Prednisone.

13 (Pages 46 to 49)

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1 A. I have June 22, 2001. It says history of
2 asbestos exposure, and the impression, there is no
3 evidence of acute cardiopulmonary process, no
4 plain film evidence of asbestos exposure.

5 Q. And you have no other record of any x-ray or CT
6 scan?

7 A. Not that I ordered. When I reviewed the
8 chart before there was, if I can recall, there was
9 a CT scan of her chest at some point that had a
10 follow-up. I'm sure you have those, and let me
11 locate those.

12 Q. Was that the one from National Jewish?

13 A. I'm not sure. I see one from August 2002
14 from National Jewish.

15 Q. That's a CT scan?

16 A. Yes. I'm recalling from memory that there
17 was a CT scan at some point that showed pulmonary
18 nodules and then a subsequent one that showed a
19 clear chest. The one from National Jewish Medical
20 Center here is -- the interpretation on the note
21 that I received was that, the high resolution CT
22 of the chest, pulmonary arteries were normal, no
23 significant bronchial wall thickening or
24 bronchiectasis. No nodules identified. No
25 evidence of interstitial lung disease.

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1 Q. You believe there was, or you recall a later CT
2 scan that showed some nodules in the lung?

3 A. No. I think it was an earlier CT scan than
4 this one.

5 Q. What would cause nodules in the lung?

6 A. An infection. So if she had an acute
7 infection, if the nodules resolve it's most likely
8 that it was an infection and not a chronic
9 condition.

10 MR. UBERSAX: All right. Thank you,
11 Doctor. Those are all the questions I have for
12 now. I'm sure my colleagues will have a few.

13 EXAMINATION BY MR. WYMAN

14 Q. Doctor, I represent the two Kyocera defendants.

15 THE VIDEOGRAPHER: Excuse me. Could you
16 give him your mike, please?

17 MR. AHERN: Could I see the exhibits?

18 MR. MATANOVIC: There are a few. The
19 actual exhibits? There are a few in the chart
20 that...

21 Q. I just, I have a few questions. As I understand
22 your testimony, Mrs. Genereux came to you in June
23 of 2001, bringing some literature which you've
24 identified from your file relating to Beryllium
25 disease; is that correct?

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1 A. Correct.

2 Q. And this was on June 8, 2001?

3 A. I believe so.

4 Q. Was she looking for you to do something in
5 connection with the material that she brought, and
6 her raising the issue of potential Beryllium
7 exposure?

8 A. What she would have been expecting from me
9 would be, or hoping from me would be that I write
10 out the referrals that she needs to kind of move
11 her concerns forward, so...

12 Q. And did she suggest that there was some kind of
13 problems that she was encountering that she
14 thought was related to potential Beryllium
15 exposure?

16 A. Her breathing problems. I mean, she had
17 childhood asthma that basically reoccurred as an
18 adult, and she was labeled as an asthmatic, and
19 she was wondering whether this, you know, could be
20 something other than asthma, so...

21 Q. So that was basically what she was presenting to
22 you when she came in with the materials that were
23 relating to Beryllium disease, back in early June
24 of 2001; is that correct?

25 A. Yes.

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1 Q. And thereafter, she returned in June with test
2 kits for some tests to be taken, samples to be
3 taken, here in the laboratory that's associated
4 with your medical practice; is that correct?

5 A. Correct.

6 Q. And thereafter, she -- did you follow the sequence
7 of things that she was following up with, in terms
8 of Beryllium exposure, after June of 2001?

9 A. If requests had my name attached to them then
10 I would get results or feedback from other folks,
11 otherwise, so I'm not sure whether I was in the
12 loop on everything, but anything that had my name
13 attached to it usually comes back to me.

14 Q. And I take it the pattern here was that she was
15 the one who was pushing the inquiries about any
16 potential effects that she might be suffering, as
17 a result of exposure to Beryllium in the past?

18 A. Yes.

19 Q. Is that correct?

20 A. Correct.

21 Q. So she was the one who was sort of the moving
22 force, that was moving that inquiry forward, that
23 in your case started with the visit that you had
24 on June 8, 2001?

25 A. Yes. I would have referred her to a

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1 pulmonologist locally. That would have been my
 2 pushing. If she had concerns that things were
 3 getting worse, then I would have asked for a
 4 pulmonary consult. Specifically for Beryllium,
 5 that was her initiative.
 6 Q. Okay. And she was the one who was pursuing that
 7 initiative; is that correct?
 8 A. Correct.
 9 Q. And did she suggest to you, in June of 2001, that
 10 she thought that she was suffering symptomology
 11 because of Beryllium exposure?
 12 A. Well, the early note said that there were
 13 some other potential exposures, too. She said
 14 asbestos and -- was it acetone, I think it said.
 15 Q. Acetone, yes, also?
 16 A. Along with, yeah, asbestos and Beryllium.
 17 Q. So she was making inquiry and pursuing, through at
 18 least one channel, to determine whether or not she
 19 was suffering from a disease that was related to
 20 Beryllium exposure; is that correct?
 21 A. Correct.
 22 Q. And that was at least as early as June 8, 2001?
 23 A. Yes.
 24 Q. Now you made reference to her having insurance
 25 coverage terminating, I think it was in 2004, and

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1 A. I don't think so.
 2 Q. So in terms of her prior medical history, is it
 3 fair to say you relied upon the history that she
 4 gave you?
 5 A. Yes.
 6 Q. Did Mrs. Genereux ever tell you why she changed
 7 primary-care physicians herself?
 8 A. No, or if she did I don't remember.
 9 Q. Okay. In terms of Mrs. Genereux changing her
 10 pulmonologist, did she actually discuss with you
 11 that the reason was because Dr. Corrao was not
 12 returning phone calls from out in Denver, or out
 13 in Colorado, I mean?
 14 A. That's my recollection from reading the notes
 15 here.
 16 Q. Okay. So in treating Mrs. Genereux, basically you
 17 relied upon the history that she's given you and,
 18 at least in your file, you don't have any records
 19 of her prior medical treatment; is that right?
 20 A. Right.
 21 Q. That first visit when Mrs. Genereux discussed the
 22 potential exposures that she had to acetone,
 23 Beryllium or asbestos, did she go into any detail
 24 about how she was exposed to these substances?
 25 A. I think that was -- she told me those were

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1 that she came in to have some prescriptions filled
 2 before that expiration of insurance. Did the
 3 insurance -- did she obtain some subsequent or
 4 alternative insurance coverage after that time?
 5 A. I believe she said several different
 6 insurances, because -- and the way I can recall
 7 that is that it seems about once a year I have to
 8 write out 15 different prescriptions for her, and
 9 that's usually an indicator that somebody has
 10 switched insurance companies.
 11 MR. WYMAN: I have no further questions.
 12 EXAMINATION BY MR. AHERN
 13 Q. Hi, Doctor. My name is Bill Ahern, and I
 14 represent American Beryllia, and I just have a few
 15 questions. Under what circumstances did
 16 Mrs. Genereux first come to treat with you?
 17 A. She was referred by a neurologist in
 18 Massachusetts who wanted her to have a primary-
 19 care person close to her home, which is close to
 20 here.
 21 Q. Do you remember the doctor's name that referred
 22 her?
 23 A. Is it -- her name was Linda Cowell.
 24 Q. Did you obtain Mrs. Genereux's records from her
 25 prior primary-care physicians?

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1 the years that she was working at Raytheon, and it
 2 was somewhere from eight to ten years, and
 3 described working with things that she didn't know
 4 what they were, and found out later, you know, the
 5 different things that we've mentioned already, the
 6 asbestos, the Beryllium, and it's -- that's all I
 7 can recall.
 8 Q. And the acetone, is that --
 9 A. And the acetone, yeah.
 10 Q. Did she ever describe to you what she did in her
 11 job at Raytheon?
 12 A. Yes, but it -- I mean, I don't recall exactly
 13 what it was.
 14 Q. Did she talk to you about whether she took any
 15 safety precautions herself while working at
 16 Raytheon?
 17 A. No. I don't know. I mean, we didn't discuss
 18 it.
 19 Q. Did Mrs. Genereux ever discuss this lawsuit with
 20 you?
 21 A. No, but I assumed that's where it was going
 22 in 2001 when she was pursuing specific tests and
 23 things that I knew nothing about, so...
 24 Q. So when she started pursuing the tests out at
 25 National Jewish, you thought the natural course of

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1 events may be a lawsuit down the road?
 2 A. Yeah. That was...
 3 Q. Did Mrs. Genereux ever tell you that she filed a
 4 Workers' Compensation claim in connection with her
 5 working at Raytheon?
 6 A. Not that I recall.
 7 Q. Did she ever ask you to prepare any reports or
 8 letters in connection with that claim?
 9 A. She has asked me to prepare so many things, I
 10 can't -- I don't know. If you have any evidence
 11 that I've written something, then I guess I did.
 12 Q. Well, whatever letters you wrote would be in your
 13 file; that's fair to say, right?
 14 A. Yes.
 15 Q. Did Mrs. Genereux ever ask you to be involved in
 16 her disability claim at any point in time?
 17 A. I'm not sure.
 18 Q. Did you understand that Mrs. Genereux was on
 19 disability from Raytheon when you were treating
 20 her?
 21 A. No.
 22 Q. Did she -- strike that. Nowhere in your records
 23 does it indicate that she told you that she had
 24 left Raytheon while on full disability; is that in
 25 your records?

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1 A. I don't think so, because it's -- I don't
 2 remember anything like that, so...
 3 Q. And it's fair to say that your records do not
 4 contain any records from other physicians
 5 concerning Mrs. Genereux's disability claim
 6 against Raytheon; is that fair to say?
 7 A. Yes.
 8 MR. AHERN: That's all I have. Thanks.
 9 MR. MATANOVIC: Could I have --
 10 MR. UBERSAX: I have a few follow-up
 11 questions here; do you mind?
 12 MR. MATANOVIC: Go ahead.
 13 FURTHER EXAMINATION BY MR. UBERSAX
 14 Q. Dr. Ashley, before Mrs. Genereux visited you on
 15 June 8, 2001, she had from time to time
 16 experienced symptoms of lung disease, correct?
 17 A. Correct.
 18 Q. What were those symptoms?
 19 A. Shortness of breath, wheezing occasionally,
 20 not responding to typical medications that you
 21 treat asthma with.
 22 Q. Is it true those symptoms had previously been
 23 attributed to asthma?
 24 A. Yes.
 25 Q. And when she came to see you on June 8, 2001, did

Page 72

1 she raise the question whether these symptoms
 2 might really be caused by Beryllium exposure, or
 3 some other chemical exposure?
 4 A. Yes.
 5 Q. Was that the reason why she wanted the blood tests
 6 to be done at National Jewish?
 7 A. My understanding was that's probably one of
 8 the only places that does that blood test, but
 9 yes, that's...
 10 Q. Well, she wanted the blood test to be done in
 11 order to determine whether --
 12 A. Yes.
 13 Q. ...her lung problems were caused by Beryllium?
 14 A. Correct.
 15 MR. UBERSAX: Thank you.
 16 EXAMINATION BY MR. MATANOVIC
 17 Q. Doctor, I have just a few questions. What
 18 training, if any, do you have in pulmonology?
 19 A. Very basic training that you get in medical
 20 school and in a general residency, so I have a
 21 rough understanding of how to do and evaluate
 22 pulmonary function tests, how to treat common
 23 disorders that are pulmonary, like asthma, chronic
 24 bronchitis, smoking-related things.
 25 Q. Is it safe to say that you would defer to a

Page 73

1 pulmonology specialist to diagnosis and treat
 2 lung-related ailments?
 3 A. Yes.
 4 Q. I think you already testified in response to
 5 Mr. Ubersax's question that you've never -- prior
 6 to Mrs. Genereux, you have never had a patient
 7 suffering from chronic Beryllium disease?
 8 A. Correct.
 9 Q. And also since her, you haven't had any other
 10 patients suffering from chronic Beryllium disease?
 11 A. Correct.
 12 Q. With regard to -- are you aware that Mrs. Genereux
 13 has been diagnosed with chronic Beryllium disease?
 14 A. Yes.
 15 Q. Do you treat her for that condition?
 16 A. I write the prescriptions that would treat
 17 her for that condition and asthma.
 18 Q. Do you defer to her pulmonologist, her treating
 19 pulmonologist, for more specialized treatment and
 20 diagnosis of her chronic Beryllium disease?
 21 A. Yes.
 22 MR. MATANOVIC: I have nothing further.
 23 MR. AHERN: I have just one question.
 24 FURTHER EXAMINATION BY MR. AHERN
 25 Q. Doctor, if you can look at the June 8, 2001, note.

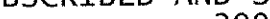
19 (Pages 70 to 73)

<u>P A G E L I N E</u>	<u>CHANGE/REASON</u>
------------------------	----------------------

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the bottom of the page, there are some faint, dark smudges or marks, possibly from a pen or pencil, which appear to be part of a signature or scribble. The rest of the page is completely blank.

David W. Ashley, M.D.

SUBSCRIBED AND SWORN TO before me this
_____, 200____.



Notary Public

Notary Public

Affix Seal

University Medicine



FOUNDATION

David W. Ashley, M.D.
Family Medicine

Affiliated with Lifespan and
Brown University School of Medicine

1 James P. Murphy Hwy.
(Route 2)
West Warwick, RI 02893
(401) 821-5100
Fax: (401) 821-4610

DEFENDANT'S
EXHIBIT

Ashley-3
4-05-00 JAP

Suzanne Genereux

5131155

6/8/01

~~SV~~ FU:

T: 98.4 S: 1) Running out of insurance
w. ~~146/80~~ in ER, on multiple medication
BL 122/82

2) Potential exposure - Acetaminophen,
Benicillin, Ibuprofen
Hypertension, Headache, etc.

3) Dial - stable, cholest - started
Lipitor.

O: in wheel chair, unresponsive
Ext - al. large CVA on RMA, old - linear

AP.

- 1) Dial - Tglucosyl 65 BID Acetaminophen
- 2) Dial - Cholest - 1 LFTs, taking long Lipitor.
- 3) Parkinson's - offer Symmetrel 100 TID
(can BID)
- 4) BP - Norvasc 10 → 5 BID
- 5) Thyroid - over-treated & Synth to 88 → 75 mcg

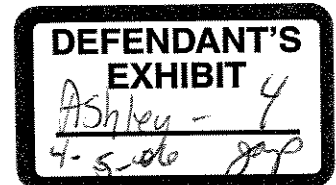
[Signature]

RAY 000255

Global Leader in Lung, Allergic
and Immune Diseases

Med Facts

FACTS ABOUT BERYLLIUM DISEASE



☒ **What is Beryllium?**

Beryllium is a naturally occurring metal which is found in beryl and bertrandite rock. is extremely lightweight and hard, is a good electrical and thermal conductor and is non magnetic. These properties make beryllium suitable for use in many industries, which include:

- Metal working (pure beryllium, copper and aluminum alloys, jet brake pads, aerospace components)
- Ceramic manufacturing (semi-conductor chips, ignition modules, crucibles, jet engine blades, rocket covers)
- Electronics (transistors, heat sinks, x-ray windows)
- Atomic energy industry (heat shields, nuclear reactors, nuclear weapons)
- Laboratory work (research and development, metallurgy, chemistry)
- Extraction (ore and scrap metal)
- Dental work (alloys in crowns, bridges, dental plates)
- Prior to 1951, it was used in fluorescent lamp work.

☒ **What is Beryllium Disease (Berylliosis)?**

Beryllium disease primarily affects the lungs. The disease occurs when people inhale beryllium dust or fumes. Skin disease with poor wound healing and rash or wart-like bumps can also occur. A person can develop beryllium disease even after being away from the beryllium industry for many years. There are two forms of beryllium disease:

- **Acute Beryllium Disease** usually has a quick onset and resembles pneumonia or bronchitis. It is now rare due to improved industrial protective measures designed to reduce beryllium exposure levels.



- **Chronic Beryllium Disease** has a very slow onset. It still occurs in 1-6% of exposed people. It is caused by an allergic reaction to beryllium. Even brief or small exposures can lead to this disease.

Does beryllium cause cancer? Beryllium has been shown to cause cancer in several species of animals. Workers in some beryllium producing facilities have had an increased rate of lung cancer, as have beryllium cases in the U.S. Beryllium Case Registry. Beryllium has recently been classified as a human carcinogen by the International Agency for Research on Cancer (IARC).

☒ **What Are My Chances of Getting Beryllium Disease?**

Only 1-6% of exposed people will develop beryllium disease. However, certain work tasks have been associated with disease rates as high as 16%. Recent genetic research has shown that approximately 40% of the population has a genetic marker that has been associated with susceptibility to disease in some individuals. Beryllium disease occurs among people exposed to dust or fumes from beryllium metal, metal oxides, alloys, ceramics or salts. Even very small amounts of exposure to beryllium can cause disease in some people. You are at risk of developing beryllium sensitization even after you leave beryllium exposure. The risk continues the rest of your life, even if you tested normal for beryllium sensitization at one time.

☒ **What are the Signs and Symptoms of Beryllium Disease?**

Beryllium disease is often accompanied by several abnormalities. Some symptoms that you may notice include:

- Cough
- Shortness of breath, especially with activity
- Fatigue
- Weight loss and/or loss of appetite
- Fevers
- Night sweats

Signs of beryllium disease that your doctor may notice include:

- Abnormal lung sounds heard with a stethoscope

- Many small lung scars seen on a chest x-ray
- Abnormal breathing tests (pulmonary function tests)
- Allergy (sensitization) to beryllium, which is measured in the blood or in lung washings with a test called the **beryllium lymphocyte proliferation test (BeLPT)**
- A particular type of scar called a granuloma, found in lung or skin tissue when biopsied and examined under a microscope

If you have been exposed to beryllium and develop unexplained cough, shortness of breath, fatigue or skin rash, you should inform your doctor of your past beryllium exposure or seek information from a doctor who specializes in occupational lung diseases.

☒ **How do I Find Out if I Have Beryllium Disease?**

Screening for beryllium disease usually begins with:

- **A chest x-ray**
- **A blood test for beryllium sensitization (BeLPT)**

The blood test detects abnormalities earlier than breathing tests or chest x-rays. It is available at National Jewish Medical and Research Center. This test is not routinely done in other medical laboratories; it is done only in a few centers that study and treat patients with beryllium disease. Doctors and patients may order the test from any place where overnight courier service to Denver, Colorado is available.

For information on ordering the beryllium lymphocyte proliferation test (BeLPT), contact the Clinical Immunology Laboratory at National Jewish Medical and Research Center at (303) 398-1344.

☒ **What is the Treatment of Chronic Beryllium Disease?**

- **Treatment is very effective in controlling the disease; however, a complete cure with or without treatment is rare.**
- **Patients who are sensitized to beryllium, but do not yet have the disease do not need treatment. However, they do need to be checked by a doctor regularly for signs of disease.**
- **Patients who have early beryllium disease, but do not yet have symptoms,**

might not require treatment. However, they need to be checked by a doctor regularly.

- Patients with beryllium disease who do have symptoms and abnormal breathing tests are usually treated with prednisone, a type of steroid that fights inflammation. Treatment with this medication usually stabilizes the disease and often improves symptoms.
- Beryllium particles imbedded in the skin often must be removed before skin wounds will heal.

☒ **How Does Beryllium Disease Progress?**

Beryllium sensitization often leads to disease, even in people who are no longer working with beryllium. Most people with beryllium sensitization have granuloma scars in their lungs, and sometimes in other organs also. In some individuals, the disease progresses very slowly over many years; in others it may progress more quickly. The onset of symptoms after the first beryllium exposure can vary greatly. The time between first exposure to beryllium and the onset of symptoms can vary from a few months to forty years. Once a person has been exposed to beryllium, there is a lifelong risk of developing the disease.

☒ **What Can I Do to Avoid Beryllium Exposure?**

It is not possible to determine your exact risk for developing beryllium disease, however here are some general guidelines that you can follow to minimize your exposure.

- Avoid breathing beryllium dust or fumes by working in well-ventilated, well-exhausted areas where beryllium air monitoring is done routinely. Use all ventilation and exhaust equipment available in order to reduce exposures to the lowest possible level.
- Whenever possible, work with non-beryllium metals, alloys, ceramics and salts.
- Do not eat, drink or smoke in areas where beryllium is in use.
- Before entering work areas where beryllium is used, change into workclothes, including shirt, pants and shoes. At the end of the work shift take a shower and thoroughly clean your hands and hair before changing into street clothing.
- Use approved respirators for tasks that may result in high exposures.
- Avoid generating beryllium dust unless the process is well protected and has been sampled for exposure levels.

National Jewish Medical and Research Center offers a comprehensive beryllium

screening and surveillance program to help patients, doctors and employers manage beryllium-related health issues. Physicians with expertise in identification and treatment of beryllium disease may be consulted through the Division of Environmental and Occupational Health Sciences at National Jewish Medical and Research Center in Denver, Colorado. To consult with a physician, or for more information on the beryllium program, please call (303) 398-1723.

To speak with a nurse, or for more copies of this Med Fact Sheet, call the LUNG LINE® Information Service at National Jewish, Monday through Friday from 8:00 AM to 5:00 PM (Mountain Time) at 1-800-222-LUNG.

Note: This information is provided to you as an educational service of LUNG LINE®. It is not meant to be a substitute for consulting with your own physician.

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National Jewish Medical and Research Center is the nation's leading treatment center for respiratory diseases and immune disorders. National Jewish offers the following services to provide current information on respiratory, immunologic diseases and treatment options:

LUNG LINE® 1-800-222-LUNG (5864) Monday-Friday from 8:00 AM-5:00 PM, Mountain Time.
Registered Nurses can answer questions and provide educational literature on respiratory and immunologic diseases. LUNG LINE® also provides information on the treatment options available at the National Jewish.

LUNG FACTS 1-800-552-LUNG Seven days a week/24 hours a day.
Convenient recorded information on lung diseases and allergies.

MANAGED CARE LINE 1-800-573-LUNG Monday-Friday from 8:00 AM-5:00 PM, Mountain Time.
Provides direct access to meet the needs of medical directors and managed care clients.

PHYSICIAN LINE 1-800-NJC-9555 Monday-Friday from 8:00 AM-5:00 PM, Mountain Time.
Provides physicians direct access to National Jewish for patient referrals and medical consultations.

University Medicine



FOUNDATION

Suzanne Genereux

Obs. 5/31/55

6/19/01

b0132/84 (L)
7 987DEFENDANT'S
EXHIBITAshley - 5
H-5-00 JAP

(A)

S:

- 1) Healthy Maint F/U - multiple med changes req'd, in order to get med supply for next few months.
 - Got mammo/pap this wk.
 - Has moin on chin, to have U/S this week

- 2) Med changes -

Nervene 10mg → 5 BID

Amanatone 100 BID → 100 TID

Synthroid 88 → 75

Accupril 10 → 5 mg

Glucosol 5g → 5 BID

Singulair - cont 10g

Lipitor 10 → 20 g

9.10.01 VSS, hyp CTA on MAR

Ext nil

AP:

- 1) Dial, Paulina 3, BP - note above chronic

- 2) Benjamin Exposure - in part while employed by Raytheon. Will send special req'd form

Wd

Vgln, V cholest, LETS [Signature]

RAY 000254



Rhode Island Hospital
A Lifespan Partner

Department of Pathology
593 Eddy Street
Providence, Rhode Island 02903
Telephone: 401 444-6107

Document 105-2 Filed 10/16/2006
Patient: **GENEREUX, SUZANNE D**
DOB: 05/31/1955

Page 18 of 19
MR#: (0000)009193558
ACC#: 000091328708
Pat. Phone: 401 392 0193
Collected: 06/20/01 at 1356
Received: 06/20/01 at 1656
Reported: 06/21/01 at 1733

Physician: **ASHLEY, DAVID W MD**

FINAL

Test	Out of Range	In Range	Units	Reference Range
------	--------------	----------	-------	-----------------

CHEMISTRY - ROUTINE

06/20/01 1356

GLU	124 H		MG/DL	[67-109]
BUN		12	MG/DL	[6-24]
CREAT		0.6	MG/DL	[0.4-1.3]
NA		135	MEQ/L	[135-145]
K		4.3	MEQ/L	[3.6-5.1]
CL		99	MEQ/L	[98-110]
CO2		28	MEQ/L	[20-30]
GAP		8		[5-18]
AST		15	IU/L	[10-42]
ALT		17	IU/L	[5-40]
# HR FASTING		14	HRS	
CHOL	239 Hf		MG/DL	[110-199]
TRIG	256 Hf		MG/DL	[40-250]
HDL		46 f	MG/DL	[35-75]
LDL	142 Hf		MG/DL	[70-129]
CHOL/HDL RATIO	5.2 H			[2.0-5.0]
TSH		0.64	UU/ML	[0.35-5.50]
HEMOGLOBIN A1C	6.1 H		%	[4.3-5.8]

Legend

H = High, f = Footnote

CHOL (12/03/98 -- Current)

ADULT
DESIRABLE: <200 MG/DL
BORDERLINE: 200-239 MG/DL
HIGH: >239 MG/DL

TRIG (04/10/00 -- Current)

ADULT
DESIRABLE: <250 MG
BORDERLINE: 200-499
HIGH: >499 MG/DL

HDL (12/03/98 -- Current)

ADULT
LOW: LESS THAN 35 MG/DL
DESIRABLE: >35 MG/DL

LDL (12/03/98 -- Current)

ADULT
DESIRABLE: <130 MG/DL
BORDERLINE: 130-159
HIGH: >159 MG/DL

AN ACCURATE CALCULATION
12 HOURS.

Lifespan Laboratories, RIH, TMH, NH, NEMC

DAVID W ASHLEY MD
1 JAMES P MURPHY HWY
W WARWICK

RI 02893

FINAL

Reviewed By David W Ashley, M.D.

Initials *DWA*

Patient Notified

☒ By Phone ☒ By Mail ☐ In Person
☒ Other
6-25-01

PEDIATRICS
DESIRABLE: <150 MG/DL
BORDERLINE: 150-300 MG/DL
HIGH: >300 MG/DL

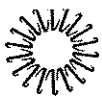
PEDIATRICS
LOW: LESS THAN 35 MG/DL
DESIRABLE: >35 MG/DL

PEDIATRICS
LOW: LESS THAN 35 MG/DL
DESIRABLE: >35 MG/DL

DEFENDANT'S EXHIBIT
Ashley - 6
4-5-06 JAP

WHEN THE PATIENT IS FASTING AT LEAST

Page: 1 CONTINUED



Case 1:04-cv-12137-JLT
Rhode Island Hospital
A Lifespan Partner

Document 105-2 Filed 10/16/2006
Patient: **GENEREUX, SUZANNE D**
DOB: 05/31/1955

Page 19 of 19
MR#: (0000)009193558
ACC#: 000091328708
Pat. Phone: 401 392 0193
Collected: 06/20/01 at 1356
Received: 06/20/01 at 1656
Reported: 06/21/01 at 1733

Department of Pathology
593 Eddy Street
Providence, Rhode Island 02903
Telephone: 401 444-6107

Physician: **ASHLEY, DAVID W MD**

FINAL

Test	Out of Range	In Range	Units	Reference Range
HEMATOLOGY - ROUTINE				
06/20/01 1356				
WBC		7.0	K/uL	[3.5-11.0]
RBC		4.78	M/uL	[3.70-5.00]
HGB		14.0	G/DL	[11.0-15.0]
HCT		42.3	%	[32.0-45.0]
MCV		88.5	FL	[80.0-98.0]
MCH		29.3	PG	[26.0-34.0]
MCHC		33.1	G/DL	[32.0-36.0]
RDW		12.7	%	[11.5-14.5]
PLT		317	K/uL	[150-400]
MPV	11.3 H		FL	[7.4-10.4]
SEG NEUT		58.5	%	[37.0-75.0]
LYMPH		29.9	%	[12.0-50.0]
MONO		7.5	%	[0.0-15.0]
EOSIN		3.2	%	[0.0-7.0]
BASO		0.9	%	[> 0.0]
NEUT #		4.1	K/uL	[1.5-7.5]
LYMPH #		2.1	K/uL	[1.0-4.0]
MONO #		0.5	K/uL	[0.2-0.8]
EOSIN #		0.2	K/uL	[0.0-0.5]
BASO #		0.1	K/uL	[0.0-0.2]

ADDITIONAL HEMATOLOGY

06/20/01 1356				
SED RATE	22 H		MM/HR	[0-20]

Legend

H = High

Lifespan Laboratories, RIH, TMH, NH, NEMC

DAVID W ASHLEY MD
1 JAMES P MURPHY HWY
W WARWICK

RI 02893

FINAL

Page: 2 END OF REPORT